B. T. C. I.

San Diego Fire Department 1010 Second Avenue, Suite 300, San Diego, CA 92101 (619) 533-4400 - M.S. 603

NOTE: This form to be completed for businesses located in the City of San Diego only.

| Address: | | | Busine | Business Name: | | |
|----------------|--|--|---------------------|----------------|--------------|---|
| Business Type: | | | | | | Telephone: |
| 1. | Please i listed b | ndicate whether your business elow. | uses, st | cores, | or 1 | nandles any of the materials |
| | Yes No | Compressed Gases | | Yes | No □ | Organic Peroxides |
| | | Corrosive Materials | | | | Oxidizers |
| | | Cryogenic Fluids | | | | Pyrophoric Materials |
| | | Explosives or Blasting Agents | | | | Radioactive Materials |
| | | Flammable or Combustible Liquids | | | | <i>Unstable (Reactive)</i> Materials |
| | | Flammable Solids | | | | Water-Reactive Materials |
| | | Highly Toxic Materials | | | | Other Health Hazards |
| 2. | Please indicate whether the below-listed equipment or processes are used in your business. | | | | | |
| | Yes No | Auto Ponsir | | Yes | No | Mark 1 ml at |
| | | Auto Repair | | | | Metal Plating |
| | | Chemical Storage | | | | Ovens/Kilns |
| | | Combustible Metals | | | | Painting/Silk-screening |
| | | Dip Tanks | | | | Semiconductor Fabrication |
| | | Dust Producing | | | | Spray Painting |
| | | Flow Coaters | | | | Welding/Cutting |
| 3. | Please i facility | ndicate whether there is a det \cdot | ection c | r fire | ext | inguishing system within you. |
| | Yes No | | | Yes | No | |
| | | Building Fire Protection Sprinkler System | | | | Dry Chemical Extinguishing System |
| | | Commercial Cooking Fire Extinguishing System | | | | Fire Alarms |
| 4. | Please i | ndicate if the following appli | es to yo | ur bus | ines | s. |
| | Yes No | | | | | |
| | | Any business where 50 or more room, or structure used for dor worship. | persons rinking, | may g dinin | athe g, e | r together in a building, ducation, entertainment, |
| Build | ing owner | or responsible party: | | | | |
| | Na | me (please print) | | | | Title |
| | | | | | _ | |
| FPB-1763 (F | | gnature information is available in alternative formats upon reques | Date | | _ | [BXA] FPB/BTCI form (Rev. 12/15/93) |